

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037189

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 121

FILED SEP 13 1963

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Waynesville

Length of stay in 1b

7 wks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Pulaski County Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Pulaski

admission)

c. CITY

OR

TOWN

Swedeborg

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm:

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First: Elisha

Middle: S

Last: Ledbetter

4. DATE
OF DEATH

Month: 9

Day: 6

Year: 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

12-22-1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Commercial

11. BIRTHPLACE (City and state or country)

Galena Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Levi Ledbetter

13b. MOTHER'S MAIDEN NAME

Sara Light

14. NAME OF HUSBAND OR WIFE

Mamie Ledbetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

667

17. INFORMANT

Mamie Ledbetter

Address

Swedeborg Mo

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days?

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to and last saw her alive on

Death occurred at 12:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(If signed on behalf of)

22b. ADDRESS

Richland, Missouri

22c. DATE SIGNED

9-8-63

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

Burial

23b. DATE

9-8-63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery

23d. LOCATION (City, town, or county)

Crocker

(State)

Missouri

24. FUNERAL DIRECTOR

Moss-Williams

ADDRESS

Crocker

25. DATE RECD. BY LOCAL REG.

9-8-63

26. REGISTRAR'S SIGNATURE

Guda Mae Anderson

Moss-Williams Crocker Missouri

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0850

2 0850

3 2

4 0

5 1

6

7 0

8 2

94201

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence Thoma

Licensed Embalmer No. 4896

P. O. Address

Waynesville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.